			tive Octo				_		097	44	199	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	YTITY	OR		THAN ENTITY
	OTAL CLAIMS	i	14					RATE	FEE	7	RATE	FEE
OR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00
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If the difference in column 1 is less than zero, enter "0" in column 2						column 2	. 1	TOTAL		OR	L	190
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Application or Docket Number